

RFP # 2019-TPL-01
State of Alabama Medicaid
Third Party Liability
Contractor Questions and Medicaid Answers
6/28/2019

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| Question ID: | 1 |
| Date Question Asked: | 6/14/19 |
| Question: | From 2013 to 2017, the Agency was moving towards a transition to Regional Care Organizations but discontinued the transition in late 2017. Will the Agency please confirm that another attempt to transition away from Fee for Service (FFS) will not occur before 2025? If no, would the Agency renegotiate TPL contingency fees with its Contractor if a significant number of plan recipients are transitioned out of FFS? |
| Section Number: | General |
| RFP Page Number: | General |
| Medicaid Answer: | No, the Agency believes the renegotiation of contingency fees will not be necessary regardless of whether Medicaid transitions away from fee for service or not. The plan for the Regional Care Organizations was that the State would retain the ability to identify and recover from other TPL's. Under the Alabama Coordinated Health Network (ACHN), scheduled to go into effect 10/01/2019, claims will still be paid fee for service. |
| Question ID: | 2 |
| Date Question Asked: | 6/14/2019 |
| Question: | Will the Agency please provide the number of consecutive years that its current TPL vendor has been providing those services to the State? |
| Section Number: | II |
| RFP Page Number: | 7 |
| Medicaid Answer: | Agency has contracted with the current vendor since 2010. That contract was similar in scope to this RFP. |

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| Question ID: | 3 |
| Date Question Asked: | 6/14/2019 |
| Question: | Will the Agency please provide the contingency fees for its current TPL vendor? |
| Section Number: | II |
| RFP Page Number: | 7 |
| Medicaid Answer: | The fees that the Agency pays, to the current vendor, vary based on the service provided (e.g. fixed fees, contingency fees, and other fees). |
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| Question ID: | 4 |
| Date Question Asked: | 6/14/2019 |
| Question: | Currently, Tricare refuses to perform DEERS matches nationally. Will the Agency please confirm that this requirement is dependent upon Tricare's willingness to cooperate or the availability of the data? |
| Section Number: | IV.A |
| RFP Page Number: | 10 |
| Medicaid Answer: | This requirement is based on the availability of data. Although DEERS is not cooperating with data matches at this time, the TPL TAG is currently working on identifying other ways to obtain this information. |
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| Question ID: | 5 |
| Date Question Asked: | 6/14/2019 |
| Question: | Will the Agency please clarify if the 30-day timeframe for the initial lien starts to run once all necessary information/documents have been received such as a valid medical authorization and summary of injuries? |
| Section Number: | IV.C |
| RFP Page Number: | 12 |
| Medicaid Answer: | The 30-day timeframe begins once the required information is obtained. |
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| Question ID: | 6 |
| Date Question Asked: | 6/14/2019 |
| Question: | Will the Agency please confirm that the five (5) business day response time starts to run only after the Contractor receives all of the information and/or documentation needed to respond? |
| Section Number: | IV.C |
| RFP Page Number: | 11 |
| Medicaid Answer: | In regard to Medical Record Requests, the five (5) business day response time begins on the date the Medical Record |

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| | Request is received, regardless of whether the information is complete for the establishment of a trauma case. |
| Question ID: | 7 |
| Date Question Asked: | 6/14/2019 |
| Question: | Will the Agency please confirm that the five (5) business day response time for an updated subrogation amount only applies if there is an upcoming mediation or settlement prior to the next 90-day case valuation? |
| Section Number: | IV.C |
| RFP Page Number: | 11-12 |
| Medicaid Answer: | If an attorney or authorized representative requests information, the Contractor has five (5) days to respond to the request. The 90-day case revaluation requirement occurs when there has been no activity on a case file. |
| Question ID: | 8 |
| Date Question Asked: | 6/14/2019 |
| Question: | Will the Agency please confirm that the one (1) business day response time applies solely to telephone call inquiries? |
| Section Number: | IV.C |
| RFP Page Number: | 11 |
| Medicaid Answer: | Yes. |
| Question ID: | 9 |
| Date Question Asked: | 6/14/2019 |
| Question: | RFP item IV.D.6 refers to Medicaid opening the estate, while RFP IV.D.12 refers to the Contractor opening probate. Will the Agency please specify that if it is determined that there are assets in the estate and the family does not open probate, which entity—Medicaid or the Contractor—will be responsible for opening probate and all of the associated costs? |
| Section Number: | IV.D |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 10 |
| Date Question Asked: | 6/14/19 |
| Question: | Is the Agency aware of any statewide or county systems where estates can be searched or matched by the decedent's Social Security Number? |

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| Section Number: | IV.D.3 |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 11 |
| Date Question Asked: | 6/14/19 |
| Question: | Medicaid has a TEFRA Lien program in which a lien is placed on the recipient's home when they are entering the nursing home. Are estates where Medicaid has already placed the lien on the real property eligible for pursuit and the recovery contingency fee by the Contractor? |
| Section Number: | IV.D |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 12 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please describe any subsets or groups of this total estate recovery population that will be excluded from the Contractor's population of cases that will be eligible for pursuit and the recovery contingency fee by the Contractor? |
| Section Number: | IV.D |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 13 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Contractor be allowed to hire attorneys to facilitate probate or will they be required to only use Assistant District Attorneys? |
| Section Number: | IV.D.12 |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 14 |

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| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please provide examples of what would cause a case to not upload into the MMIS? |
| Section Number: | IV.D.11 |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 15 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please specify if it requires the Contractor to upload all open estates cases? |
| Section Number: | IV.D.10 |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 16 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please describe the instances in which Medicaid would not approve a claim to be filed? |
| Section Number: | IV.D.8 |
| RFP Page Number: | 13 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 17 |
| Date Question Asked: | 6/14/19 |
| Question: | It is estimated that this legislation that is described in this RFP section could result in approximately 1,200 requests to Medicaid each month. Considering the significant additional cost (labor, technology, supplies, postage, etc.) to perform this function, will the Agency please specify if bidders are to factor these costs into the Estate Recovery contingency fee included on the Cost Proposal form (RFP Appendix C), or does the Agency intend to add a separate pricing line to perform this service? |
| Section Number: | IV.D |

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| RFP Page Number: | 14 |
| Medicaid Answer: | The Agency is releasing an amendment to the RFP to exclude any scope of work related to Estate Recovery. |
| Question ID: | 18 |
| Date Question Asked: | 6/14/19 |
| Question: | The SNT scope includes outreach to identify trusts, review of trust documents for compliance, follow-up with trustees, and the annual monitoring of SNT expenditures and recoveries. However, the Cost Proposal form (RFP Appendix C) only allows for the entry of a fee for the accounting reviews. Will the Agency please confirm if the Contractor should roll all of the trust work steps under the pricing for accounting reviews? Or does the Agency plan to realign the pricing with the scope of work (i.e., annual fee for trust reviews and accounting reviews, contingency fee for recoveries, combination, etc.)? |
| Section Number: | IV.E |
| RFP Page Number: | 14 |
| Medicaid Answer: | The Contractor should include all of the trust work steps under the pricing for annual accounting reviews. No contingency fee will be paid to the Contractor for Special Need Trusts (SNT) recoveries. |
| Question ID: | 19 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that the trust attorney is not required to be dedicated to this contract? |
| Section Number: | IV.E |
| RFP Page Number: | 14 |
| Medicaid Answer: | The trust attorney is not required to be dedicated to this contract. The Agency is releasing an amendment to the Special Need Trusts (SNT) scope of work to clarify the role of the trust attorney. |
| Question ID: | 20 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please describe any minimum qualifications to support the attorney's expertise? |
| Section Number: | IV.E |
| RFP Page Number: | 14 |

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| Medicaid Answer: | The Agency is releasing an amendment to the Special Need Trusts (SNT) scope of work to clarify the role of the trust attorney. |
| Question ID: | 21 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please specify the method required to fix any errors generated from the weekly process (e.g., manual process to make corrections, corrections included in the next week's upload, other)? |
| Section Number: | IV.C.11, IV.D.10, IV.D.12.1 |
| RFP Page Number: | 13-14 |
| Medicaid Answer: | The Contractor would be required to review the error report, provided by the MMIS, and make the appropriate manual corrections, within five (5) business days, so that the MMIS system would then be updated in the next weekly process. Based on the Agency's amending of the RFP to exclude Estate Recovery work, this question and response are no longer applicable to IV.D.10 and IV.D.12.1. |
| Question ID: | 22 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please describe the billings, rebillings and recoupment processes that are currently performed by the State's MMIS or MMIS vendor? |
| Section Number: | IV.G |
| RFP Page Number: | 15 |
| Medicaid Answer: | On a monthly basis, the State's MMIS bills Blue Cross Blue Shield of Alabama and Federal Blue Cross. Rebilling cycles occur 60 days after the original bill date, 90 days after the original bill date. The TPL Contractor bills unpaid claims 120 days past the original bill date. The State's MMIS bills Pay & Chase claims related to preventive pediatric medical and dental claims, drug claims for recipients on the Cancer Registry, and drug claims for recipients with point of sale drug plans. Finally, the State's MMIS bills Retro Commercial claims to recover payments made prior to the identification of Third Party Insurance coverage. |
| Question ID: | 23 |
| Date Question Asked: | 6/14/19 |

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| Question: | Will the Agency please specify the names of the medical and pharmacy carriers with which the MMIS vendor works to fulfill data matching, recovery billing, rebilling, and recoupment service needs for the State? |
| Section Number: | IV.G |
| RFP Page Number: | 15 |
| Medicaid Answer: | Blue Cross Blue Shield of Alabama and their prescription drug coverage through Prime Therapeutics, Federal Blue Cross, United American Insurance Company, Southland National Insurance Company, and Southland Benefits Solutions. |
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| Question ID: | 24 |
| Date Question Asked: | 6/14/19 |
| Question: | Is the Agency's MMIS vendor responsible for the primary recovery for any of the following types of third parties: Medicare A, B, C (Advantage) or D? |
| Section Number: | IV.G |
| RFP Page Number: | 15 |
| Medicaid Answer: | The MMIS vendor performs recoupments for Medicare A, B, & C. It also performs recoupments for D for the first 6 months of Medicare enrollment. Outside of the 6-month window, the Contractor would be able to pursue Part-D recoveries. |
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| Question ID: | 25 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency guarantee that no additional carriers or services will be transferred to the MMIS vendor during the duration of the TPL services contract? |
| Section Number: | IV.G |
| RFP Page Number: | 15 |
| Medicaid Answer: | The Agency reserves the right to perform recovery billing with the MMIS vendor based on efficiency, cost effectiveness, and improved outcomes. |
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| Question ID: | 26 |
| Date Question Asked: | 6/14/19 |

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| Question: | Will the Agency allow the Contractor to include the managed care population for potential audits? |
| Section Number: | IV.F |
| RFP Page Number: | 15 |
| Medicaid Answer: | Under the current Alabama Coordinated Health Network (ACHN) implementation plans, recipients enrolled in Medicaid Managed Care Plans have their claims paid fee for service. Credit balance Audits are permitted to be performed on these recipients. |
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| Question ID: | 27 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that Credit Balance Audits can be performed by staff not physically located in the local office? |
| Section Number: | IV.F |
| RFP Page Number: | 15 |
| Medicaid Answer: | Credit Balance Audits can be performed by staff outside of the local office. |
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| Question ID: | 28 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that Long Term Care Audits can be performed by staff not physically located in the local office? |
| Section Number: | IV.J |
| RFP Page Number: | 15 |
| Medicaid Answer: | Long Term Care Audits can be performed by staff outside of the local office. |
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| Question ID: | 29 |
| Date Question Asked: | 6/14/19 |
| Question: | CMS had mandated that each Medicaid program have a method to repay any wrap-around costs. Does Alabama already have a method for processing these payments? |
| Section Number: | IV.I |
| RFP Page Number: | 15 |

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| Medicaid Answer: | The Agency expects the Contractor to manage the HIPP Program and to have an existing method, or to develop a method, to handle wrap-around costs consistent with the CMS mandate. |
| Question ID: | 30 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that restriction to the Alabama office does not apply to support staff and the functions they perform? |
| Section Number: | V.A |
| RFP Page Number: | 16 |
| Medicaid Answer: | The Project Director, Team Leader(s), and Project Team Members must work out of the local Alabama office. Support staff, performing data match processing and or insurance carrier recovery duties may be located outside of the local office. |
| Question ID: | 31 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that the Contractor is able to deploy other staffing resources to assist when it experiences unusual spikes in call volume? |
| Section Number: | V.A |
| RFP Page Number: | 16 |
| Medicaid Answer: | With the approval of the Agency, the Contractor will be permitted to deploy other staffing resources to assist with unusual spikes in call volume. |
| Question ID: | 32 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that it will provide notice of impending changes to file formats/extracts a minimum of nine (9) months in advance of implementing any such changes to allow the Contractor to prepare and program for the changes? |
| Section Number: | V.A |
| RFP Page Number: | 16 |
| Medicaid Answer: | The Agency respects the need for advance notices regarding file format/extract changes. However, we are unable to guarantee a specific timeframe for giving advance notices. |

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| | The Agency will take into consideration the intricacy of any change requirement and the amount of time required for the Contractor to make the necessary system changes when providing advance notices of change. |
| Question ID: | 33 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that a minimum of fifteen (15) business days will be allowed for the Contractor to develop, review and deliver any new ad hoc reports? |
| Section Number: | V.B |
| RFP Page Number: | 17 |
| Medicaid Answer: | The Agency respects the need for advance notices regarding new ad hoc reports. However, we are unable to guarantee a specific timeframe for giving advance notices in every circumstance. Refer to the Agency response for question 34. |
| Question ID: | 34 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please confirm that a minimum of ten (10) business days will be allowed for the Contractor to develop, review, and deliver any new ad hoc reports during the Legislative Sessions, Budget Sessions, and for other Agency presentations? |
| Section Number: | V.B |
| RFP Page Number: | 17 |
| Medicaid Answer: | The Agency respects the need for advance notices regarding ad hoc reports needed during legislative sessions, budget sessions, and/or for Agency presentations. However, we are unable to guarantee a specific timeframe for giving advance notices. The Agency will take into consideration the intricacy of any change requirement when providing advance notices of change. Certain data elements are only available through the TPL Contractor. In the event that there is an urgent request, such as from the Commissioner or Legislature, the Agency would expect the Contractor to accommodate the request to the best of their ability. |
| Question ID: | 35 |
| Date Question Asked: | 6/14/19 |

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| Question: | Will the Agency confirm that it expects to finalize and implement its MES modularity strategy during the next five (5) years? |
| Section Number: | V.A |
| RFP Page Number: | 17 |
| Medicaid Answer: | This question is outside the scope of this procurement. |
| Question ID: | 36 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please indicate if it will provide the denied claims from the MMIS with the denial reason codes in order for the Contractor to generate this report? |
| Section Number: | V.B.5.c |
| RFP Page Number: | 18 |
| Medicaid Answer: | The Agency will provide denial reason codes to the Contractor. |
| Question ID: | 37 |
| Date Question Asked: | 6/14/19 |
| Question: | The RFP requirement states, in bold text, “Do not enter any cost information in the Technical Proposal.” However, the RFP Cover Page has a location for the Contractor to insert its “Firm and Fixed Price.” Will the Agency please confirm that it is acceptable for the Contractor to insert “Please see separately submitted Cost Proposal” in the location on the RFP Cover Page that requires the entry of the Firm and Fixed Price? |
| Section Number: | V.D.2.c |
| RFP Page Number: | 21 |
| Medicaid Answer: | The firm and fixed price must be provided on the RFP Coversheet. |
| Question ID: | 38 |
| Date Question Asked: | 6/14/19 |
| Question: | For the current references that must be included in the proposal, will the Agency please confirm that these should be government agency clients? |
| Section Number: | VI.D |

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| RFP Page Number: | 21 |
| Medicaid Answer: | References should include a list of all Medicaid agencies or other entities for which the Contractor currently performs similar work. |
| Question ID: | 39 |
| Date Question Asked: | 6/14/19 |
| Question: | For the current references that must be included in the proposal, will the Agency please confirm that these should be for clients of a similar size and scope? |
| Section Number: | VI.D |
| RFP Page Number: | 21 |
| Medicaid Answer: | Performance references should include the contract type, size, and duration of services rendered. |
| Question ID: | 40 |
| Date Question Asked: | 6/14/19 |
| Question: | Guarantees 3 and 4 contain the provision that failure to meet the standard by the end of the fiscal year may result in Contractor not being paid. Will the Agency please confirm that the Contractor will have a minimum of thirty (30) days into the new fiscal year to resolve issues identified near the end of the previous fiscal year before any damages are assessed? |
| Section Number: | VI |
| RFP Page Number: | 24 |
| Medicaid Answer: | The Agency will bring deficiencies to the Contractor's attention with the expectation that the Contractor will provide a corrective action plan detailing the reason for the occurrence and the immediate resolution thereof. Failure to comply with this standard will result in the suspension of payment of the Contractor's invoices. It is the Contractor's responsibility to ensure that there is a quick resolution to concerns brought forth by the Agency. The State will provide 30-day, advanced notice of each fiscal year cut-off date to accommodate the resolution of issues identified at the conclusion of each fiscal year. |
| Question ID: | 41 |
| Date Question Asked: | 6/14/19 |
| Question: | Will the Agency please specify the timing of the delivery of the quarterly adds/updates? If the delivery must be within five |

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| | (5) business days of being pursued for recovery, the files will not be quarterly. The files would then become synchronized with each billing cycle, which could be multiple times within a month. |
| Section Number: | VI.13 |
| RFP Page Number: | 28 |
| Medicaid Answer: | This RFP requires the contractor to deliver an insurance coverage add prior to, or within five (5) days, of billing for the service. The Agency is open to discussing if submitting Add Files more frequently than quarterly is necessary in order for the Contractor to meet the requirement. Updates to existing policies would require the pre-approval of the Agency. |